

S. No. 2
M-5-43
7-5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8029

State File No.

FILED APR 14 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 485

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
General Hospital (Osteopathic)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community 7 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 522 No. 3rd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jesse James Smith

3. (b) If veteran, name war No

3. (c) Social Security No. 508-01-1992

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 7 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>51</u>	<u>10</u>	<u>26</u>	hr. _____ min.

9. Birthplace Forest City - Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Elevator operator

11. Industry or business Swift & Co.

12. Name Joseph E. Smith

13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Liza E. Kildow
(City, town, or county) (State or foreign country)

15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Smith

(b) Address Savannah, Mo.

17. (a) Burial (b) Date thereof 4/5/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Phaton Bowman
St. Joseph, Mo.

(b) Address _____

19. (a) 4-9-47 (b) to b. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1947 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from 3-28-47
19____ to 4-3- 1947

that I last saw him alive on 4-3-47
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic PNEUMONIA
Duration 2 Days

Due to Syphiletic Panecis

Due to _____

Other conditions! None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(b) Means of injury St

23. Signature Clifford L. Studley M. D. or other MD

Address 801 1/2 Thonoid St Date signed 4/5/47

598 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Eugene Wood.....

Licensed Embalmer No. 3804.....

P. O. Address 319 So. 10th, St. Joseph, Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.